

2016

College Students' Perceptions of Barriers to Seeking Mental Health Services

Brianna L. Johnson
Pacific University

Follow this and additional works at: <http://commons.pacificu.edu/cassoc>



Part of the [Psychology Commons](#)

Recommended Citation

Johnson, Brianna L., "College Students' Perceptions of Barriers to Seeking Mental Health Services" (2016). *Social Sciences Capstone Projects*. Paper 41.

This Capstone Project is brought to you for free and open access by the College of Arts and Sciences at CommonKnowledge. It has been accepted for inclusion in Social Sciences Capstone Projects by an authorized administrator of CommonKnowledge. For more information, please contact CommonKnowledge@pacificu.edu.

College Students' Perceptions of Barriers to Seeking Mental Health Services

Abstract

Students face a variety of stressors (e.g., academic, financial) that can function as precipitating factors for serious mental health concerns, but there is an under-utilization of services. Previous research has identified multiple barriers to help-seeking on campus, yet it is unclear what barriers are most relevant to students. This qualitative study included data from 32 students across four focus groups as they discussed mental health services. Participants completed an informed consent, confidentiality agreement, and a short questionnaire prior to the discussion. A semi-structured interview guide was used to assess perceived barriers to seeking out mental health services. Discussions were audiotaped and transcribed by members of the research team. An adapted form of grounded theory was used to identify emergent themes (e.g., open, axial, and selective coding). Results indicated that students perceive multiple barriers to seeking out services including social stigma, normalized stress as a student, and being unaware of the basic information. Results of this study will be utilized within the context of developing a psychoeducational campus media campaign.

Document Type

Capstone Project

Degree Name

Bachelor of Science

Department

Psychology

First Advisor

Dawn M. Salgado, PhD

Subject Categories

Psychology

Rights

Terms of use for work posted in CommonKnowledge.

College Students' Perceptions of Barriers to Seeking Mental Health Services

Brianna Johnson

Pacific University

Abstract

Students face a variety of stressors (e.g., academic, financial) that can function as precipitating factors for serious mental health concerns, but there is an under-utilization of services. Previous research has identified multiple barriers to help-seeking on campus, yet it is unclear what barriers are most relevant to students. This qualitative study included data from 32 students across four focus groups as they discussed mental health services. Participants completed an informed consent, confidentiality agreement, and a short questionnaire prior to the discussion. A semi-structured interview guide was used to assess perceived barriers to seeking out mental health services. Discussions were audiotaped and transcribed by members of the research team. An adapted form of grounded theory was used to identify emergent themes (e.g., open, axial, and selective coding). Results indicated that students perceive multiple barriers to seeking out services including social stigma, normalized stress as a student, and being unaware of the basic information. Results of this study will be utilized within the context of developing a psychoeducational campus media campaign.

Barriers to Seeking Mental Health Services on a College Campus

Mental illness and the lack of mental well-being is prominent in college populations (Eisenberg, Golberstein, & Gollust, 2007). Most mental disorders are first seen by the age of 24; this timing overlaps with the time many individuals are in college (Eisenberg, Hunt & Speer, 2012). Suicide is the third leading cause of death among college-age Americans (Centers for Disease Control and Prevention, 2013). Research also found that who entered college in 2011 reported the highest rates of emotional disengagement or withdrawing emotions (Pryor, Hurtado, Deangelo, Palucki, & Tran, 2010). Along with the age of onset of mental disorders being during college, there are many aspects of a college student's life that put them at risk for mental health concerns. Some stressors include academic performance, pressure to succeed, post-graduation plans, financial concerns, quality of sleep, relationship with friends, relationship with family, overall health, body image, and self-esteem (Beiter, Nash, McCrady, Rhoades, Linscomb, Clarahan, & Sammut 2014). These stressors can lead to less severe mental health concerns that can still benefit from seeking out mental health services (Blanco et al., 2008). Because of these factors, college is a critical time period to proactively treat mental illness symptoms and promote mental health. Research has found that mental disorders can cause more serious risk later in life if not acknowledged and proactively treated (Eisenberg, Hunt & Speer, 2012). These concerns include more severe and frequent episodes, unstable employment, and violence (Forthofer, Kessler, Story, & Gotlib, 1996; Kessler, Foster, Saunders & Stang, 1995). Mental illness can bring negative side effects including academic failure, which is why it is important to treat in college (Beiter, et. al., 2014). About 64% of college students who dropped out of college did so because of their mental health (NAMI, 2012). Combatting mental illness at onset can also help with the societal burden of mental illness (Eisenberg, Hunt, & Speer, 2012).

Colleges are well equipped with resources for individuals with mental health concerns or feelings of distress (Eisenberg, Hunt & Speer, 2012). Campuses have health centers, counseling centers, as well as a community culture that can promote mental health (Fink, 2015). Campuses that experience an underutilization of services are missing an opportunity to proactively treat mental illness at onset, which can help combat negative effects later in life. Even though college students experience high levels of emotional disengagement, multiple stressors, and mental illness, there is an underutilization of services on college campuses. Less than 35% of people aged 19-25 with clinical levels of psychopathology use mental health services (Vanheusden, Mulder, van der Ende, van Lenth, Mackencah, & Verhulst 2007). Only 34%-43% of college students with a mental illness utilized services (Eisenberg, Hunt, Speer, & Zivin, 2011; National Alliance of Mental Illness, 2012).

Research found that the cause of underutilization of services amongst college students is due to the multiple barriers that students perceive when seeking out mental health services on campus (Eisenberg, Hunt, & Speer, 2012; Eisenberg, Speer, & Zivin, 2011; Vanheusden, et. al., 2007). These barriers are categorized as anything that would deter or make it more difficult for students to seek out mental health services. Attitudes, stigma, time, cultural beliefs, denial, and knowledge are perceived as barriers for students when seeking out mental health services (Britt, Greene-Shortridge, Brink, Nguyen, & Rath, 2008; Eisenberg, Hunt, & Speer, 2012; Eisenberg, Speer, & Zivin, 2011; Vanheusden, et. al., 2007).

Previous studies found that stigma is the most prominent barrier to seeking out mental health services for students (Eisenberg, Hunt, & Speer, 2012; Eisenberg, Guliver, Griffiths, & Christensen, 2012). Research has addressed two different forms of stigma: public and self. Researchers suggest that public stigma includes negative stereotypes, prejudice and attitudes

against those who utilize mental health services or have a mental illness (Eisenberg, Hunt & Speer, 2012; Eisenberg, Golberstein, & Gollust, 2007; Hill, et al., 2012). Students who perceive a stigma by the public against mental illness and mental health services utilization are less likely to utilize services based on a fear of being labeled or categorized within the negative judgments and stereotypes. These attitudes can include seeing those individuals as weak, crazy, or unstable. Self-stigma is defined as the internalization of the public stigma; this would include seeing oneself as weak or unstable. This acts as a barrier, because individuals will not seek services if they believe they would view themselves as crazy or unstable. Students often show feelings of shame as concern or barriers for seeking out psychotherapy (Hill et. al., 2012). These concerns are higher among specific subgroups such as athletes (Lopez & Levy, 2013).

Researchers have also found a lack of time for seeking services amongst students as a barrier to seeking services (Eisenberg, Hunt, & Speer, 2012). Students who are involved in extracurricular activities such as sports may experience a lack of time to seek services because of their extra time commitments of being involved in sports (Lopez & Levy, 2013). People are more likely to prioritize other things such as athletics above their mental health. Negative attitudes towards mental health are one of the main barriers that young adults face regarding mental health services (Vanheusden, et. al., 2007). These negative attitudes can be towards the concept of mental health or the impact that any services may have on the student. Many of these negative attitudes are based on the popular culture idea and portrayal of mental health. The media can paint a negative image of psychotherapy, suggesting that it is only necessary for people who suffer from severe cases of schizophrenia or other severe forms of mental illness (Hill et. al., 2012). If a student is not facing severe forms of mental health concerns they may not seek out services because of the media portrayal.

Another barrier is the denial or lack of ability to notice symptoms worthy of seeking services. Many young adults do not recognize their own mental illness or symptoms (Vanheusden, et. al., 2007). Research also found that student's often perceive their mental health status as not severe enough to need to seek out services. This leads to a lack of urgency and essentialness (Eisenberg, Hunt, & Speer, 2012; Esienberg, Speer, & Zivin, 2011; Logan & King, 2001). Students also reported not seeing the services as helpful (Li, Dorstyn, & Denson, 2014). Alternately, if individuals believe that there little to no benefit of seeking services, they are much less likely to seek services (Li, Dorstyn, & Denson, 2014). Students in previous studies discussed seeking their friends and family for support rather than seeking out formal services (Nordberg, Hayes, McAleavey, Castonguay, & Locke, 2013). Often times disclosing information is easier to do with someone an individual is comfortable with; people often find it hard to disclose personal information or feelings with anyone, including a therapist, which detracts individuals from attending psychotherapy (Hill et. al., 2012). The perceptions of these barriers lead to an underutilization of available services.

College is a critical time to proactively treat mental illness symptoms as well as promote mental well-being. Research has found that people perceive barriers to seeking out mental health services, which leads to an underutilization of available services, but they have not identified barriers specific to students. Previous research has focused primarily on quantitative research methods to determine perceived barriers to seeking out mental health services by students. The use of qualitative methods can allow for themes that may not have been previously discussed amongst researchers. The current study used qualitative methods to determine students' own ideas and perceptions of barriers when seeking out mental health services on campus To assess these barriers, the study used a qualitative research approach by conducting focus groups.

Qualitative research was used because it has been found that there is greater disclosure by participants in focus groups, it allows for emergent themes to be determined, and participants are able to shape the research with their own quotes.

Methods

Participants

There were 32 participants who were all enrolled as undergraduate students with ages ranging from 18-24 ($M=19.41$, $SD=2.03$). No participants left the study after discussions were initiated. Participants had to be over the age of 18, full-time students, and be fluent in English. As found in Table 1 participants were predominantly white ($n=20$). Most participants were first year students ($n=14$). The study included roughly equal number of men and women.

Measures

Demographics and background factors. A questionnaire was distributed to all participants to determine the demographics of the participants. Questions aimed to determine age, gender, sexual orientation, race/ethnicity, and class standing of participants. Further questions looked to assess participants use and knowledge of on campus counseling services using questions such as “Have you or someone you know previously used the counseling center on campus?”

Semi-structured focus group guide. The discussion followed a semi-structured focus group guide that was adapted from previous qualitative research studies with college students (Beauchemin, 2014; Gulliver, Griffiths, & Christensen, 2012; Koydemir, Erel, Yumurtaci, & Sahin, 2010; Li, Wong, Toth, 2012). The current study focused on questions discussing the barriers that students perceive when seeking out mental health services on their campus.

Questions such as “What are some of the obstacles students at might have in using the counseling center?” were used to assess various barriers.

Procedure

The qualitative data was collected through four focus groups ranging from three to 14 people per group. Potential participants were recruited through four various recruitment strategies. The email of the Research Assistant and a link to a survey where potential participants could leave their contact information were provided through tear-strip flyers posted around the campus, social media, emails to a random sample of professors to forward on to their students, and through a previous stage of a larger study.

As participants arrived, they were asked to find a seat with the proper documentation in front of them. After all participants arrived, the moderator began the group by asking the participants to read through a copy of the informed consent that they were provided. The moderator then asked the participants to fill out a short questionnaire to determine demographics and other basic information regarding mental health services on campus. The participants were then informed of the confidential nature of the discussion and signed a confidentially agreement, and consent for audio recording. The moderator went over basic information regarding the voluntary nature of the study as well as proper etiquette for the discussion. The discussion then began by the researcher reading a short introduction to the study followed by the first question. The moderator asked each question and allowed the discussion to flow amongst the participants. Before moving on to each question, the participants were given the opportunity to give any additional comments. The duration of the focus groups ranged from 19 to 37 minutes. The groups followed a semi-structured question format.

After the conclusion of the discussion, participants were debriefed and given informational flyer with the hours and contact information for the on campus-counseling center

and their incentive. All audio recordings were then transcribed verbatim without identifying information. Transcripts were then coded using Nvivo 9.

Data Analysis

Thematic analysis of the discussion was completed by utilizing modified grounded theory (Glaser & Strauss 1967; Strauss & Corbin, 1990). The transcribed interviews were then line by line and openly coded without outside information to identify emergent themes throughout the discussion. This allowed the researchers to discover broad themes throughout the focus group discussions. Axial coding followed this, in which minor themes were determined and connected to broader themes. Axial coding allowed researchers to determine smaller concepts that formed and defined the broader concept. The final coding process was selective coding in which all quote and codes were checked to ensure that they were coded correctly. Throughout this process, constant comparative method was used to compare quotes and stories across and between participants and groups to discover reoccurring themes. Memo writing was used to create operational definitions and to note any quote of importance, allowing researchers to correctly code and define all coding categories.

Results

College students' perceptions of barriers to seeking out mental health services were categorized into five major themes. These themes answer the original research question, which looked to determine perceived barriers to seeking out mental health services by college students.

Stigma

One of the most common barriers discussed among the focus group was the concept of stigma. Participants in all focus groups discussed their perception of stigma. Students report

stigma as a barrier to help seeking on campus and attempt to manage it in a variety of ways. One student stated:

“I don’t know how to describe it, but I feel like some students, not saying it is a really, really bad thing, but might have a negative outlook on students who actually go to the use the service.”

The participants also noted that being seen walking to the counseling center was enough to experience stigma. The concept of stigma was discussed in many different contexts. Though there was a lot of discussion of the stigma, there were also participants who noted that the campus is more accepting than other campuses or environments. One student noted, *“probably one of the best things about this campus, at least that I’ve seen is, and the verbiage here to me is weird, it’s an intolerance of intolerance.”* The context for this quote was to recognize that there are some individuals on this specific campus that do not tolerate people being intolerant of various groups of people such as those who seek out mental health services.

The coding indicated that social stigma was the most common context for stigma. One student explained an example of the concern of social stigma *“sitting in the waiting room to be honest was kind of f-ing nerve wracking, because then people who are also there might see you.”* Another participant mentioned that society condones a stigma against mental health, *“I think just the way peers might view it if someone went to it they may feel judged or something, because yeah, society is kind of judgmental so I think they can kind of be worried about that.”* The social stigma that surrounds mental health is found on a multitude of levels including, society, community, peers, and family. Participants noted that their families did not view mental health as a legitimate concern and were quick to disregard any need for services. Another aspect of stigma that was discussed was the fear of being labeled under these stereotypes. Participants discussed a

difference between those who seek out mental health services and those who do not. One participant said:

"I think there is a very much distinction between like a "us" and a "them." It is like us "who are the healthy", who are the mentally sane, who are the "normal" and then there is you know, the people that we think are you know "abnormal." They are just "not us.""

Those who consider seeking out services are aware of the idea that they will be labeled if they go, so they make the choice to not go to maintain the "mentally sane" label.

The internalization of these thoughts led to self-stigma. Self-stigma was characterized by believing that students who sought out mental health services would experience feelings of embarrassment and weakness. One student said, *"maybe some people like their own pride."* A fear of hurting their own pride because of the way they would view themselves if they were to seek out services serves as a barrier to seeking out services.

Though stigma served as a barrier, common responses when asked how to get more students to seek out mental health sources was to help give students a way to manage stigma. One student suggested:

"Have there be something close to the mental health and even and because they are connected the physical health center so that even if you are walking that way you have kind of plausible deniability. If someone is like "oh, hey man" you know, "where you headed?" you can be like "oh, you know, I am just headed to the running trail that is over there.""

The participants noted that they wanted a way to make it seem as though they had no intention of seeking out services to avoid any stigma that is associated with help-seeking. By having a running trail or some other type of activity or facility near the counseling center, participants

believed that they would be able to create a viable excuse and avoid the stigma. Another response when students were asked about combatting stigma was that there is no current programming working to actively combat stigma, which leads to the perpetuation of the stigma. The participants had various ideas on how to create programs that could decrease stigma such as requiring students to see a counselor before being able to register for the next semester of classes. The participants agreed that this type of programming would normalize seeking mental health services. One response included, *“I do like your idea of having it just be a requirement thing, because then you are right, that destigmatizes it. Yeah, so you just have some way of normalizing it.”* The participants believed that by requiring all students to seek services, the culture or stigma around mental health would be changed. The notion of normalizing the experience was commonly discussed, which proves that there is a stigma.

Stigma was found to be the most prominent barrier within the results of the current study. There are multiple aspects of stigma that deter students from utilizing on campus mental health services. Students believe that there are ways to actively combat stigma and increase utilization of the mental health services.

Knowledge

A barrier to seeking out mental health services for students was the lack of knowledge about the services. Students report a lack of knowledge and understanding about mental health services and when to seek them. The results show that students are not always aware of the services provided or the cost. This lack of knowledge about the services is linked to the quiet nature of services. Mental health is not something that is talked about very often, so the knowledge about services has no way of being spread amongst students. Many students do not know any information about the counseling services such as hours or location. A participant said,

“I know it exists, but I don’t know anything about it.” Another facet of the lack of knowledge was apparent throughout the discussion of the financial cost of services. Students noted, *“it might be too expensive for a lot of people because it is not cheap,”* but the services are actually free for the first ten sessions. One participant said *“the cost like on the survey, I saw like the first ten are free, so I didn’t know that.”* Students perceived the financial cost as a barrier, but because there is no cost, this is not an actual barrier, it is just perceived to be; the actual barrier is a lack of knowledge of the financial cost. The results also indicated a lack of talk of services available. The discussion included talk about the lack of advertising and informing students of the services or when it is important to seek help. One student noted, *“I think a lot has to do with educating the students about what they can help you with- which is why-it’s not like the hot topic that people talk about.”* When students are unaware of the services that are offered, they are less likely to utilize the services. Many of the participants were unaware that a student can utilize the services even if they are not in crisis or recently experienced a tragedy. The results indicated that there was a lack of knowledge about multiple facets of the counseling center that deter students from seeking out mental health services on campus. This lack of knowledge included general information, and available services.

Accessibility

Participants noted that one barrier to seeking out services is the accessibility. The accessibility to mental health services on campus is affected by multiple factors. Students report a lack of familiarity of the process that is maintained by a lack of available knowledge by faculty in the classroom and outreach efforts that are only offered during critical times. The counseling center is thought to only be advertised at certain points in time, leading students in a normal setting to not be made aware of services. One student stated:

“I feel like it is only said when some major events happens like when the school shooting happened or the Paris thing... but I think everyone probably suffers from things on a daily basis or from time to time, not necessarily only when something bad happens.it would be important to send an email out, just kind of a reminder...”

Participants discussed the counseling center being advertised after tragedies, whether local or international, as well as during orientation, a time when they are spending 12 hours a day learning about all resources on campus. The participants agreed that when the counseling center is not advertised regularly, students tend to forget about services. One participant stated *“if it was advertised, I’d go.”* If the services were highlighted more often, more students would seek out necessary help. Another accessibility concern that was discussed in the focus groups was the lack of discussion about services. Many students noted that in their syllabi professors are required to include information for the learning support services and tutoring center, but most never include any information about the counseling center. One student said, *“[Professors and staff] mention that in their syllabus. They talk about LSS (learning support services) all of the time, but they don’t talk anything about counseling.”* When other services on campus are highlighted, students become aware of those services and do not think about the counseling center. The participants also mentioned the difficulty of scheduling appointments. The counseling center hours often coincide with class and work for many students. One participant discussed their schedule:

“...I have only like an hour and then I have to work and then I have lab and another class...The only time I have free is like really early in the morning or if it is really late at night, you know. I wish they had more hours.”

Students often perceive the inability to utilize services due to the timing of classes and work. Participants agreed that there would be more utilization of services if there were more available hours. Another concern that participants shared was the unfamiliarity with staff. Many participants admitted that they would find it difficult to open up to a stranger about most personal things. It was suggested that the staff of the counseling center hold meet and greets with students so they can meet in a more informal setting before going in for a counseling session. After suggesting this kind of event one participant explained the change in thinking a student might have when seeking services:

“It puts a name to a face....Then you can be like you know it’s not going to see a counselor it’s like you’re going to see you know Jim or something, or Bob or something and you know that person, you have some trust for them.”

Participants thought they would be more comfortable with a counselor being someone they were familiar with. Other concerns included *“trust issues.”* The participants also discussed the difficulty initiating contact with the counseling center and scheduling an appointment. The participants discussed the anxiety that some experience when making initial phone calls or walking to the counseling center. Participants suggested being able to make appointments online or have over the phone sessions. A participant noted, *“some people, myself included, hate making phone calls. So you have to call into reception in person, which can also be the nerve of the first time.”* This concern with initiating contact deters some students from seeking services.

Student perceived the counseling center as being difficult to access. Because of the scheduling, lack of familiarity with staff, having to initiate contact via a phone call, and the counseling center only being highlighted at critical points students are less likely to seek out the services they need.

Student role demands

The participants noted that the role of a student act as a barrier to seeing services. Students report not seeking mental health services because college is stressful, there are too many demands on their time, and they minimize the effects of symptoms. Many participants agreed that stress is normal for students and does not require mental health services. One participant stated: *“I know I put school before my mental health all the time and that is not health, but that is the important thing to do; it is what you are supposed to do.”* Many students believe that their student role is more important than their role as a healthy human. When students enter the college culture many are expecting to be stressed. As one participant pointed out :

“I have heard like the whole idea of college is stressful. That is like a staple., it’s not something that might happen, it is something that will happen. You will be stressed...you are just going to accept that it is kind of a norm.”

College students see stress as a necessary part of college. The culture around college says that there is no need to seek out services for stress, because everyone is dealing with stress.

Extra-curricular can add more stress and time constraints to students. Those who participate in various extra-curriculars such as sports, clubs, or student senate may perceive more barriers to seeking services. One participant stated:

“[therapy] would be a really important thing for [athletes] to do, because not only are they wanting to be a part of this team, and that in itself can be really stressful, but they are trying to balance academics and all these different things.”

When students are involved in extra-curriculars they have more things to prioritize and balance above their mental health and may be less likely to seek out services.

Students also noted that while in college there is a “*work hard, play hard*” mentality. With this mentality, students put their academics above their mental health. One student said:

“I feel like in college you kind of don’t really care about your health. You are like ok, I am going to have fun and I am going to have a 4.0... If you become too stressed, you are.... I can’t like I can’t deal with that. I can’t take care of myself, because I have to get an A... I am just going to do something that is very unhealthy just to relax.”

Students use all of their time to work with the intention of getting time to take care of themselves later. Students are more likely to use unhealthy methods (e.g., drinking, excessive sleep) to combat mental health concerns rather than seeking out formal services. Participants also discussed being too young to need services. One participant stated “...*they shouldn’t be taking therapy this early like in their stage of life.*” Mental health concerns is perceived as being of concern for older individuals. Therefore, if students experience mental illness they are not likely to identify them as such because they perceive them as a problem later in life.

The student roles lead to perceived barriers to seeking out mental health services on campus. Students are more likely to prioritize their student role before their mental health. When this happens, students are less likely to utilize services and will turn to more unhealthy coping habits.

Conditions for seeking out mental health services

Participants discussed a few scenarios in which students may go seek out services as well as why they may not. Students report relying on informal support and word of mouth of by peers and only perceive professional help as necessary under extreme circumstances. Though some participants thought that students would only go for severe conditions, some participants discussed either their own use or their peer’s use of services for school related stress or test

anxiety. Participants mentioned students might not feel the need to seek out services if they have an informal support system. Students were also found to utilize services based on the reviews of the services by their peers. A common discussion through the course of the focus groups was the idea that there is a perception that mental health services on campus are intended for use in extreme cases. One student said, “[students] have the perception that mental health is far and extreme cases, so they don’t think that they need it.” With this mentality, if students are not experiencing extreme cases such as alcohol abuse or crisis. Tragedy was brought up as another reason for seeking treatment. One participant stated “You mentioned like alcohol abuse and... all of those big ticket items, then going to the counseling center for stress, it’s like no, I don’t drink alcohol all the time or I haven’t been abused, I don’t need this.” Many people agreed or mentioned any tragedy as a reason for seeking treatment. It was less common, but some participants believed that students would seek services for school related stress or anxiety. This included test anxiety, feelings of being overwhelmed, or general stress. Though it was discussed that it would be helpful in case of stress, the participants mentioned, “most people don’t know that it would be useful for dealing with stress.” This comment shows that even though students believe services can be useful for stress, students do not always utilize services for stress, because they are not aware that they can be used for stress.

Many participants noted that many students would rather seek out informal support than seek formal support. This included professors, coaches, friends, or school administration. One participant explained that “[students] don’t know that they can actually go out seek the counselors and a lot of the time people go to, students will go to their advisors to talk, but I mean advisors themselves are kind of jam packed with classes and other things.” Students may seek out these services because of a distrust with those they are unfamiliar with or because of the

accessibility. Seeking informal services may be effective for some mental health concerns, but most informal support systems are not properly trained in handling more severe concerns.

Students can influence utilization of services by their reviews. Participants mentioned hearing both positive and negative comments about the counseling center on campus. Those who heard negative comments showed distrust in the counseling center. One participant mentioned, *“I only know one friend that actually uses the services and went to the center. She actually spoke negatively about the place. That is where I was like, you know I would probably never go then, just off of that one opinion.”* The student’s perspective of the counseling center and their verbal reviews impact other’s utilization. It was also found that students believe they are supposed to be self-reliant. Students might not seek services because they believe that they supposed to handle and mental health concerns on their own. One participant stated that this self-reliance was due to the age of college students: *“I personally have had like different, probably like three, like you said three different perspectives just from like people that have surrounded me. There was the more negative like oh my gosh, you should have your life together all by yourself.”*

There are instances in which students perceive it as acceptable to seek out services. If they are not experiencing these specific conditions, then they do not perceive their conditions as in need of services. Students are more likely to seek out informal support and rely on their peer’s reviews of services when contemplating using services.

Discussion

The current study used four focus group discussions to determine the barriers that college students perceive when seeking out mental health services. There were five major perceived barriers that emerged from the focus group discussions. These barriers included stigma, student role demands, conditions for seeking treatment, knowledge and accessibility. Stigma,

knowledge, and various forms of accessibility have been previously found as perceived barriers when college students consider seeking services (Britt, Greene-Shortridge, Brink, Nguyen, & Rath, 2008; Eisenberg, Hunt, & Speer, 2012; Eisenberg, Speer, & Zivin, 2011; Vanheusden, et. al., 2007).

Within the current study, stigma was the most reported barrier as previous research has found (Guliver, Griffiths, & Christensen, 2012). Stigma is prominent in multiple ways. Some students experience self-stigma with feelings such as weakness or embarrassment (Eisenberg, Hunt, & Speer, 2012). Adolescents who report higher self-stigma also report lower help seeking (Penn et al., 2005). Public stigma is another concern that many students have about seeking services. The public stigma can come from friends, family, or the general public. A specific aspect of public stigma that was found in the current study was the idea of being labeled. The discussion included student's concerns with labels that are given to those that seek services. A lack of knowledge about services was found in the current study as well as others (Britt, Greene-Shortridge, Brink, Nguyen, & Rath, 2008). This lack of knowledge includes not knowing the location, hour, or services available (Britt, Greene-Shortridge, Brink, Nguyen, & Rath, 2008). The consistency of the results pertaining to knowledge prove that there needs to be more effort in the advertisement and information about various services in a college setting.

The current study expanded previous research with the discovery of the student role demands theme. In the current study, participants talked about the normalcy of stress as a college student and the need to be self-sufficient as a student. The student role demands, as a barrier is an important discovery, because the barrier of student role demands is one that can be easier to combat on college campuses. It is a specific barrier that many students face that can be effectively be changed. The student role demands had multiple components. The participants

talked about the normalcy of stress. Students come to college with the expectation that they will be stressed, so when they reach the point of needing services, they believe that they do not need them, because it is normal to be extremely stressed out. Previous research found that the role of a college student is related to anxiety and depression (Beiter, et. al., 2014), but not as a barrier to seeking services. The idea that college students are too young to need services is another new finding. The participants viewed mental health as a problem for older individuals, and not something they should need to worry about.

Further expansion on previous research includes the idea of stigma management. When discussing stigma, the participants mentioned that they would be more likely to utilize services if they had a way to diffuse any stigma, such as using the excuse that they were going to the campus police or a walking trail when being seen walking to the counseling center. This can lead to new development of programming to increase utilization of services.

The study found multiple barriers that prevent utilization of mental health services. Because college is such an important time for mental health, it is important to combat these barriers so students utilize services when needed (Eisenberg, Hunt, & Speer, 2012). The current study's results should be used to create campaigns to combat these various barriers. Research has found that using anti-stigma models, more students sought out mental health services (Eisenberg, Downs, Golbersteing, & Zivin, 2009). Following this model and including the current study results, programming can be created to increase utilization. Students suggested some ideas such as having students talk about their experiences with the services, but because of the confidentiality of mental health services, this is not a plausible idea.

Research suggests that improving students' attitudes toward seeking professional psychological help, and reducing their concerns about the consequence of using mental health

services (i.e., anticipated risk), may represent pathways to modifying college students' intentions and, potentially, their actual use of mental health services (Li, Dorstyn, & Denson, 2014). Future campaigns should focus on normalizing the utilization of services to get rid of the self and public stigma. One important aspect will be to emphasize that students are humans before they are students. By promoting these types of attitudes, the goal is that students will put their mental health as a priority. The five major themes from the current study give insight on what prevents students from seeking services. The results should be used to understand and contest these barriers.

Limitations and Future Research

The current study did have limitations. The demographics of the participants and the location of the study could lead to results that may not be generalizable nationally. A more diverse sample would be able to give more perspective and more generalizable results.

Future research should look to expand on the current study and student role demands. Studies should also look to determine facilitating factors for utilization of services among college students. As campaigns and programming are created, it is important for research to determine the effectiveness to create the most efficient campaigns. Research should also look to include a more diverse population that represents more campus populations. Future research should also look to discover facilitating factors of seeking out mental health services on campus.

Clinical Implications

The results from the current study can be used to create a media campaign aimed at increasing utilization of mental health services on campus. The finding of student role demands allows researchers to develop campaigns and programming specific to students and their roles that lead to underutilization. It is also important to use the findings to create programming that

eliminates public stigma, because it was more prominent than self-stigma.

References

- Beauchemin, J. (2014). College student-athlete wellness: An integrative outreach model. *College Student Journal*, 48(2), 268-280.
- Beiter, R., Nash, R., McCrady, M., Rhoades, D., Linscomb, M., Clarahan, M., & Sammut, S. (2015). The prevalence and correlates of depression, anxiety, and stress in a sample of college students. *Journal of Affective Disorders*, 173 90-96. doi:10.1016/j.jad.2014.10.05
- Blanco, C., Okuda, M., Wright, C., Hasin, D. S., Grant, B. F., Liu, S. M., Olfson, M., (2008). Mental health of college students and their non-college-attending peers: results from the National Epidemiologic Study on Alcohol and Related Conditions. *Arch. Gen. Psychiatry* 65, 1429–1437.
- Britt, T. W., Greene–Shortridge, T. M., Brink, S., Nguyen, Q. B., Rath, J., Cox, A. L., .Castro, C. A. (2008). Perceived stigma and barriers to care for psychological treatment: Implications for reactions to stressors in different contexts. *Journal of Social and Clinical Psychology*, 27(4), 317-335. doi:10.1521/jscp.2008.27.4.31
- Eisenberg, D., Golberstein, E., & Gollust, S. E. (2007). Help-seeking and access to mental health care in a university student population. *Medical Care*, 45, 594–601. doi:10.1097/MLR.0b013e31803bb4c1
- Eisenberg, D., Hunt, J., Speer, N., & Zivin, K. (2011). Mental health service utilization among college students in the United States. *The Journal of Nervous and Mental Disease*, 199(5), 301-308. doi:10.1097/nmd.0b013e3182175123
- Eisenberg, D., Speer, N., & Hunt, J. B. (2012). Attitudes and beliefs about treatment among college students with untreated mental health problems. *Psychiatric Services*, 63(7), 711-713. doi:10.1176/appi.ps.201100250

- Eisenberg, D., Downs, M. F., Golberstein, E., & Zivin, K. (2009). Stigma and help seeking for mental health among college students. *Medical Care Research and Review*, 66, 522–541. doi:10.1177/1077558709335173
- Fink, J. E. (2014). Flourishing: Exploring predictors of mental health within the college environment. *Journal of American College Health*, 62(6), 380-388. doi 10.1080/07448481.2014.917647
- Forthofer, M. S., Kessler, R. C., Story, A. L., & Gotlib, I. H. (1996). The Effects of Psychiatric Disorders on the Probability and Timing of First Marriage. *Journal of Health and Social Behavior*, 37(2), 121. doi:10.2307/2137268
- Glaser, B., & Strauss, A. (1967). The discovery grounded theory: Strategies for qualitative inquiry. Aldin, Chicago.
- Gulliver, A., Griffiths, K. M., & Christensen, H. (2012). Barriers and facilitators to mental health help-seeking for young elite athletes: A qualitative study. *BMC Psychiatry*, 12(1), 157. doi:10.1186/1471-244x-12-157
- Hill, C. E., Satterwhite, D. B., Larrimore, M. L., Mann, A. R., Johnson, V. C., Simon, R. E., Knox, S. (2012). Attitudes about psychotherapy: A qualitative study of introductory psychology students who have never been in psychotherapy and the influence of attachment style. *Counseling and Psychotherapy Research*, 12(1), 13-24. doi:10.1080/14733145.2011.629732
- Kessler, C. R., Foster, C. L., Saunders, W. B., & Stang, P. E. (1995). Social consequences of psychiatric disorders, I: Educational attainment. *American Journal of Psychiatry AJP*, 152(7), 1026-1032. doi:10.1176/ajp.152.7.1026

- Koydemir, S., Erel, Ö., Yumurtacı, D., & Şahin, G. N. (2010). Psychological help-seeking attitudes and barriers to help-seeking in young people in Turkey. *International Journal for the Advancement of Counselling*, 32(4), 274-289.
- Leaf, P. J., Bruce, M. L., Tischler, G. L., & Holzer, C. E. (1987). The relationship between demographic factors and attitudes toward mental health services. *Journal of Community Psychology*, 15(2), 275-284. doi:10.1002/1520-6629(198704)15:23.0.co;2-j
- Li, P., Wong, Y. J., & Toth, P. (2013). Asian international students' willingness to seek counseling: A mixed-methods study. *International Journal for the Advancement of Counseling*, 35(1), 1-15.
- National Alliance on Mental Illness. (2012). College students speak: A survey report on mental health. *NAMI*, 8-10. Retrieved from <http://www.nami.org/collegesurvey>
- Nordberg, S. S., Hayes, J. A., Mcleavey, A. A., Castonguay, L. G., & Locke, B. D. (2013). Treatment utilization on college campuses: Who seeks help for what? *Journal of College Counseling*, 16(3), 258-274. doi:10.1002/j.2161-1882.2013.00041.
- Pryor, J. H., Hurtado, S., DeAngelo, L., Palucki Blake, L., Tran, S. (2010). The american freshman: National norms. *Cooperative institutional research program at the higher education research institute at UCLA*.
- Strauss, A., & Corbin, J. (1990). Basics of qualitative research (Vol. 15). Newbury Park, CA: Sage.
- Vanheusden, K., Mulder, C. L., Ende, J. V., Lenthe, F. J., Mackenbach, J. P., & Verhulst, F. C. (2008). Young adults face major barriers to seeking help from mental health services. *Patient Education and Counseling*, 73(1), 97-104. doi:10.1016/j.pec.2008.05.006

Vogel D., Wade N., Hackler A. (2007). Perceived public stigma and the willingness to seek counseling: The mediating roles of self-stigma and attitudes toward counseling. *Journal of Counseling Psychology*, 54, 40-50.

Table 1.

Participant characteristics

Variable	<i>N</i>	%
Gender		
Male	15	46.88
Female	17	53.13
Class Standing		
First Year	14	43.75
Sophomore	10	31.25
Junior	5	15.63
Senior	3	9.38
Race ^a		
White, Non-Hispanic	20	62.50
Hispanic or Latino	4	12.50
African American	5	15.63
Native Hawaiian/Other Pacific Islander	3	6.25
Asian	7	21.87
Place of Residence		
On Campus Housing	24	68.75
Off Campus	8	21.88
Sexual Orientation		
Heterosexual	30	93.75
Sexual Minority	2	6.25

^a Frequencies in this category are non-cumulative percentages.